PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

'95 JUL -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K44910 (3)

1. Corporation Name

HIDEAWAY CAFE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 39572 FT. LAUDERDALE FL 33339	P.O. BOX 39572 FT. LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1988

3a. Date of Last Report: 06/12/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. # etc. — 22:

Suite, Apt. # etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

County — 25:

Zip — 29:

County — 30:

4. FEI Number: 65-0092646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has been [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDISON, GEORGE S.
2929 E. COMMERCIAL #605
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDISON, GEORGE	12 NAME	
STREET ADDRESS	2929 E. COMMERCIAL, #605	13 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing is absolutely false and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or is an addition to the list of officers and directors.

SIGNATURE: [signature] George S Edison 6/26/95 305-537-9405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

0144401 FP